FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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|---|----------|---|---|---|
| | _ | | | _ |

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR CORM LIMITED OFFERING EXEMPTI

| 1486911 | | | | | |
|-------------------|-------------|--|--|--|--|
| OMB APPRO | OVAL | | | | |
| OMB Number: | 3235-0076 | | | | |
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SEC USE ONLY

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|---|--|
| UNIFORM LIMITED OFFERING EXEMP | TION L |
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| 2008 8% Debenture | SEC |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) [Type of Filing: New Filing Amendment | □ ULOE Mail Processing Section |
| A. BASIC IDENTIFICATION DATA | FEB 05 2008 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Dellacorte Group, LLC | Washington, DC |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 757 Third Avenue, Suite 202, New York, NY 10017 | (212) 413-0803 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (McHaim Gas Sas ED |
| Brief Description of Business | FEB 0 8 2008 |
| Financial Advisory Firm | THOMSON |
| Type of Business Organization | |
| ✓ corporation Imited partnership, already formed Imited partnership, to be formed | ease specify): |
| Month Year Actual or Estimated Date of Incorporation or Organization: 011 04 Actual Estima Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | ated |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts Λ and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Mancuso, Robert F. Business or Residence Address (Number and Street, City, State, Zip Code) 757 Third Avenue, Suite 202, New York, NY 10017 Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Promoter ☐ Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | | B. I. | FORMATI | ON ABOU | T OFFERI | NG | | | | |
|--|--|--|--|--|---|--|--|--|---|---|------------------------------|------------|----------------|
| 1. | Has the | issuer sold | I, or does th | ne issuer in | tend to sel | l, to non-ac | credited i | nvestors in | this offeri | ng? | | Yes | No ⊠ |
| • | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | _ | | | | |
| 2. | | | | | | | \$_5,0 | 00,000.00 | | | | | |
| 3. | 3. Does the offering permit joint ownership of a single unit? | | | | | | Yes | No | | | | | |
| <i>3</i> . 4. | | = | ion request | | | | | | | | | | |
| | commiss If a pers or states a broker | sion or sim on to be lis , list the na or dealer, | itar remune ted is an ass ime of the b you may se | ration for s sociated pe roker or de et forth the | olicitation rson or age aler. If mo | of purchase nt of a brok ire than five | rs in conne er or deale (5) persor | ection with r registered as to be list | sales of sec I with the S ed are asso | urities in tl EC and/or | ne offering. with a state | ; | |
| Ful | ll Name (l | Last name | first, if indi | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (N | lumber and | l Street, Ci | ty, State, Z | ip Code) | | | | | | |
| Na | me of Ass | ociated Br | roker or De | aler | | | ·- | | | | | | |
| Sta | | | Listed Has | | | | | | | | · | | <u></u> |
| | (Check | "All States | s" or check | individual | States) | | | ••••• | | | •••••• | ☐ AI | l States |
| | AL | AK | ΑŻ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | MT) | IN NE | IA NV | KS NH | KY NJ | LA NM | ME NY | MD NC | MA ND | MÎ OH | MN OK | OR] | MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | ll Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Lip Code) | | | <u></u> | | | |
| Na | me of As | sociated B | roker or De | aler | | | | | | | . . | | |
| Sta | | | 1 Listed Ha | | | | | | | | · <u>-</u> · | | |
| | (Check | "All State: | s" or check | individual | States) | | ••••• | | ************** | *************************************** | | □ AI | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | II. | IN NE | IA | (NIII) | KY NJ | LA NM | ME NY | MD NC | MA ND | MI OH | MN OK | MS OR | MO PA |
| | MT] | NE SC | NV SD | NH) | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Fu | Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Na | me of As | sociated B | roker or De | aler | | | | | | | | | |
| | | | * * | | • | | D1 | | | | | | |
| Sta | States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | AL IL | AK IN | AZ TA | AR KS | CA KY | CO LA | CT ME | DE MD | DC MA | FL MI | GA MN | (HI) MS | ID MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | ÖR | PA |
| | RI | SC | SD | TN | TX | UT | VT | ∇A | WA | WV | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| ١. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | : | |
|----|--|-----------------------------|---|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | s 5,000,000.00 | \$ 5,000,000.00 |
| | Equity | s 0.00 | \$ 0.00 |
| | Common Preferred | | 0.00 |
| | Convertible Securities (including warrants) | \$ 0.00 | \$ \$ 0.00 |
| | Partnership Interests | | s 0.00 |
| | Other (Specify) | \$ 000 000 00 | |
| | Total | \$ 3,000,000.00 | \$ 5,000,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors | Number Investors | Aggregate Dollar Amount of Purchases § 5,000,000.00 |
| | | | \$ 0.00 |
| | Non-accredited Investors | | |
| | Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. | . 0 | _ \$ <u></u> |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | s e | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | · | \$ |
| | Regulation A | · | <u> </u> |
| | Rule 504 | · | \$ |
| | Total | · | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. | r. | |
| | Transfer Agent's Fees | | \$ 0.00 |
| | Printing and Engraving Costs | | \$ 0.00 |
| | Legal Fees | | \$ 150,000.00 |
| | Accounting Fees | | 05 000 00 |
| | Engineering Fees | | - 0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ 0.00 |
| | Other Expenses (identify) | | \$ 0.00 |
| | Total | _ | 175,000.00 |

| | C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|-----|--|---|--|---|
| | and total expenses furnished in response to Part C — C proceeds to the issuer." | | | \$ |
| 5. | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | s 1,200,000.0 | <u> </u> |
| | Purchase of real estate | [| \$ | \$ |
| | Purchase, rental or leasing and installation of mach | | | \$ |
| | Construction or leasing of plant buildings and faci | lities | <u> </u> | s |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger) | □ \$ | | |
| | Repayment of indebtedness | | <u> </u> | \$ |
| | Working capital | √ \$ 1,300,000.€ | | |
| | Other (specify): In support of the Issuer's comm | 2,500,000.0 \$_2,500,000.0 |)(| |
| | Acquisition Companies. | | | |
| | | | \$ _ | <u> </u> |
| | Column Totals | | ∑ \$ <u>5,000,000.0</u> | 0 <u>0</u> <u>\$</u> 0.00 |
| | Total Payments Listed (column totals added) | | _ | 000,000.00 |
| _ | | D. FEDERAL SIGNATURE | | |
| sic | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Commi | ssion, upon writte | tle 505, the following in request of its staff |
| Iss | sucr (Print or Type) | Signature 1 | Date | |
| Т | ne Dellacorte Group, LLC | Human | January 31, 200 | 08 |
| N | ame of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| ₹o | bert F. Mancuso | Managing Member | | |
| _ | | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | |
|--|----|------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Ye | s No |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date | | | |
|---------------------------|-----------------------|-------------------------|--|--|--|
| The Dellacorte Group, LLC | Bothanus | Mature January 31, 2008 | | | |
| Name (Print or Type) | Title (Print or Type) | Title (Print or Type) | | | |
| Robert F. Mancuso | Managing Member | Managing Member | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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